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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3950

SERIAL NUMBER 09/851,911	FILING DATE 05/09/2001 RULE	CLASS 036	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. POS-03602/29
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APPLICANTS

John G. Posa, Ann Arbor, MI;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/05/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

John G. Posa
Gifford, Krass, Groh et al
Suite 400
280 N. Old Woodward Ave.
Birmingham, MI
48009

TITLE

Footwear for making personalized footprints

FILING FEE RECEIVED 397	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit



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** CONTINUING DATA *****					
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 07/05/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature _____ Initials _____			
ADDRESS John G. Posa Gifford, Krass, Groh et al Suite 400 280 N. Old Woodward Ave. Birmingham, MI 48009					
TITLE Footwear for making personalized footprints					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees		
			<input type="checkbox"/> 1.16 Fees (Filing)		
			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
			<input type="checkbox"/> 1.18 Fees (Issue)		
			<input type="checkbox"/> Other _____		
			<input type="checkbox"/> Credit		